



RIVERSIDE HOSPITAL

A RIVERSIDE HEALTH GROUP MEMBER



September 14, 1993

United States Environmental
Protection Agency
Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

RECEIVED
SEP 16 1993
SUPERFUND PROGRAM
MANAGEMENT BRANCH

ATTENTION: Marsha A. Adams
SHSM-5J, Responsible Party Search Section

Dear Ms. Adams:

We are enclosing the information you requested.

Should you need anything additional, please let me know.

Sincerely,

Patricia W. Shaw, Esq.
Staff Attorney

PWS/dl

Enclosure

**RESPONSES OF RIVERSIDE HOSPITAL TO
U.S. EPA'S REQUESTS FOR INFORMATION PURSUANT TO SECTION 104(e)
OF CERCLA AND SECTION 3007 OF RCRA, FOR THE
STICKNEY AVENUE LANDFILL AND
TYLER STREET DUMP SITES IN TOLEDO, OHIO**

Riverside Hospital (hereinafter "Respondent") hereby responds to the Requests for Information Pursuant to §104(e) of CERCLA and §3007 of RCRA, for the Stickney Avenue Landfill and Tyler Street Dump Sites in Toledo, Ohio (hereinafter referred to as "Information Requests").

1. Commensurate with the time made available to it to respond to these Information Requests, Respondent has conducted a diligent record search and has engaged in a diligent interviewing process with present and former employees who may have knowledge of the operations, hazardous substance use, storage, treatment, releases spills, disposal or handling practices of the Respondent during the Relevant Period as defined below. However, Respondent's investigation of these matters is ongoing at the present time. As such, these Responses should be regarded as preliminary in nature and Respondent reserve the right to supplement, amend, expand or otherwise make changes and to provide additional supporting documentation, affidavits and other materials, to these Responses as may be appropriate.

2. At the present time, there is no information available to Respondent that indicates that any Hospital Waste (as that term is defined below) produced, formulated, processed, used or otherwise handled by Respondent that may have ultimately found its way to the "Site" (as that term is defined in the Information Requests) that, during the years 1951 and 1981, Respondent apparently contracted with several different sanitation services for removal of Hospital Waste (as that term is defined below) but our records do not indicate where such waste was disposed of.

3. In the event that Respondent obtains information indicating that waste may have been transported from its facility to the Site at any time other than during the Relevant Period, Respondent will supplement these Responses in a timely fashion to provide information for such additional time periods as may be identified.

4. Respondent hereby objects to all of the Information Requests to the extent that they (1) seek information which could not reasonably be obtained or assembled by Respondent during the time period permitted for Respondent's response to these Information Requests; (2) seek information or documents beyond the Relevant Period as defined above and/or (3) seek disclosure of information or documents which are privileged against disclosure under the attorney/client privilege or the attorney/work product privilege, on the grounds that, so construed, the Information Requests would be unduly burdensome and oppressive, and would seek irrelevant information and/or information otherwise not appropriate under the terms of CERCLA §104(e) and RCRA §3007.

5. As used herein, "Hospital Waste" refers to wastes of a nature commonly generated by community hospitals like Respondent during the Relevant Period. Such Hospital Waste is believed by Respondent to have consisted during the Relevant Period chiefly of wastepaper, food service wastes, discarded floral arrangements, unusable cloth items (such as worn bandages or linens), broken glass, empty containers and incinerator ash. Hospital Waste as generated by this Respondent would not have included radioactive wastes, used X-ray film, used motor oil, or mercury which were disposed of by a different method.

6. As used herein, "Hospital Supplies" refers to those goods commonly used by community hospitals like Respondent during the Relevant Period in the course of their normal

operations. Such Hospital Supplies during the Relevant Period are believed by this Respondent to have consisted chiefly of paper products, food, medications, anesthetics, bandages, linens, surgical supplies, common office supplies, cleaning solutions, disinfectants and other cleaning supplies, blood, plasma and similar biologicals, x-ray film, maintenance supplies (such as wood, glass, paint, lubricants, plaster, glue, nails, screws, and other fasteners), lab chemicals and fuel.

RESPONSES

1. Identify all persons consulted in the preparation of each and every answer to these Information Requests.

- a. Patricia W. Shaw, Staff Attorney
Riverside Hospital
1600 N. Superior Street
Toledo, Ohio 43604
(419) 729-6000

(All addresses for persons consulted are the same unless otherwise noted.)

- b. Mr. Carroll L. Ashley, President and C.E.O.
- c. Mr. Jack Nichols, Vice President Hospital Services
- d. Mr. Steve Nathanson, Director of Planning
- e. Mr. Warren Myers, Director Engineering & Maintenance
- f. Mr. Jacques Gross, Security/Safety Manager
- g. Mr. Robert Pudlowski, Purchasing Manager
- h. Mr. Bob Tjan, Director, Lab and Pharmacy
- i. Mr. Dave McNair, Boiler Supervisor
- j. Ms. Mary Paterson, Risk Manager
- k. Ms. Elaine Young, Director of Accounting

l. [REDACTED]

m. [REDACTED]
[REDACTED]

n. [REDACTED]
[REDACTED]

o. [REDACTED]
[REDACTED]

- p. [REDACTED]
- q. [REDACTED]
- r. [REDACTED]

2. Identify all documents consulted, examined, or referred to in the preparation of the answers to these Requests and provide copies of all such documents.

A. Refuse Cancelled Checks 1967-1974 (Exhibit A, see attached).

3. If Respondent has reason to believe that there may be persons able to provide a more detailed or complete response to any Information Request or who may be able to provide additional responsive documents, identify such persons.

At the present time, Respondent has been unable to locate or determine any person or persons able to provide a more detailed or complete response to any Information Requests or who may be able to provide additional responsive documents. However, if that situation would change, we reserve the right to supplement, amend, expand or otherwise make changes and to provide additional supporting documentation, affidavits and other materials to these Responses as may be appropriate.

4. List the EPA Identification Numbers of the Respondent if applicable.

0448010082N002 obtained 6/30/89

5. Identify the acts or omissions of any person, other than your employees, contractors, or agents, that may have caused the release or threat of release of hazardous substances, pollutants, or contaminants and damages resulting therefrom.

At this time, Respondent has not been able to determine that it has any liabilities arising from or relating to this Site.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request.

However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

6. Identify all persons having knowledge or information about the generation, transportation, treatment, disposal or other handling of material at the Site.

At the present time, Respondent has been unable to identify any present or past employees who have such knowledge or information.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

7. Identify all persons, including yourself, who may have arranged for disposal or treatment or arranged for transportation for disposal or treatment of waste materials, including hazardous substances, at the Site. In addition, identify the following:

At the present time, there is no information available to Respondent that indicates that any arrangements may have been made by any persons for disposal or treatment or transportation for disposal or treatment of any hazardous substances, materials or solid wastes that may have been contained in Respondent's Hospital Waste at or to the Site.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- a) The persons with whom you or such other persons made such arrangements;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- b) Every date on which such arrangements took place;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- c) For each transaction, the nature or the waste material or hazardous substance, including the chemical content, characteristics, physical state (e.g., solid, liquid), and the process for which the substance was used or the process which generated the substance;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- d) The owner of the waste materials or hazardous substances so accepted or transported;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- e) The quantity of the waste materials or hazardous substances involved (weight or volume) in each transaction and the total quantity for all transactions;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- f) All tests, analyses, and analytical results concerning the waste materials;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- g) The person(s) who selected the Site as the place to which the waste materials or hazardous substances were to be transported;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- h) The amount paid in connection with each transaction, the method of payment, and the identity of the person from whom payment was received;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- i) Where the person identified in g., above intended to have such hazardous substances or waste materials transported and all evidence of this intent;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- j) Whether the waste materials or hazardous substances involved in each transaction were transshipped through, or were stored or held at, any intermediate site prior to final treatment or disposal;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- k) What was actually done to the waste materials or hazardous substances once they were brought to the Site;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional

responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- l) The final disposition of each of the waste materials or hazardous substances involved in such transactions;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- m) The measures taken by you to determine the actual methods, means, and site of treatment or disposal of the waste material and hazardous substance involved in each transaction.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- n) The type and number of containers in which the waste materials or hazardous substances were contained when they were accepted for transport, and subsequently until they were deposited at the Site, and all markings on such containers;

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- o) The price paid for (i) transport (ii) disposal or (iii) both of each waste material and hazardous substance.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- p) All documents containing information responsive to a - o above in lieu of identification of all relevant documents, provide copies of all such documents.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

- q) All persons with knowledge, information, or documents responsive to a - p above.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

8. If your waste was not taken to the Stickney Avenue Landfill Site or the Tyler Street Dump Site during the period from 1951 to 1981, where were your wastes taken and how were they disposed?

At the present time Respondent has not been able to confirm as to what Site or Sites Respondent's waste would have been taken. During the relevant time period through the present, Respondent has consistently incinerated most of the hospital waste produced.

During the time permitted it to respond to these Information Requests, Respondent has been unable to obtain any more specific information which is response to this Request. However, Respondent's investigation of these matters is ongoing and, if any additional responsive information or documents are obtained by Respondent, these Responses will be supplemented.

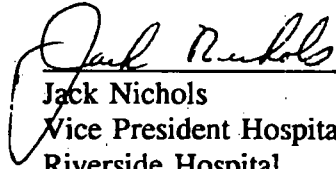
AFFIDAVIT

STATE OF OHIO

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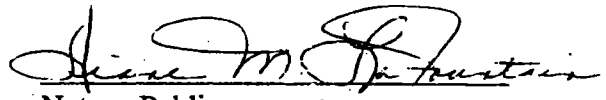
COUNTY OF LUCAS

Jack Nichols, Vice President Hospital Services, Riverside Hospital, being first duly cautioned and sworn, deposes and states from his own knowledge and belief, that he is a responsible company official or representative of Riverside Hospital, an Ohio nonprofit corporation, and that commensurate with the time permitted Riverside Hospital to respond to the foregoing Requests for Stickney Avenue Landfill and Tyler Street Dump for Information Pursuant to §104(e) of CERCLA and §3007 of RCRA, for Stickney Avenue Landfill and Tyler Street Dump Sites in Toledo, Ohio, a diligent record search has been completed and there has been a diligent interviewing process with present and former employees who may have knowledge of the operations, hazardous substance use, storage treatment, releases, spills, disposal or handling practices of Riverside Hospital during the Relevant Period and that the Responses of Riverside Hospital to the said Information Requests as set forth above are true and accurate to the best of affiant's knowledge and belief.



Jack Nichols
Vice President Hospital Services
Riverside Hospital

Sworn to and subscribed in my presence this 14th day of SEPTEMBER, 1993.



Notary Public

DIANE M. LAFOUNTAIN
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES MARCH 6, 1996
PROCESSED IN LUCAS COUNTY

EXHIBIT A

Refuse rates

1967-1974

WILSON JONES COMPANY

Q7284 GREEN

7284 BUFF

Prepared By

Approved By

MADE IN

	1	2	3	4
	Company	Year	Amount	Total
1	Community Sanitation Service	1967	2341.94	
2	" "	1968	3258.00	
3	" "	1969	4190.00	
4	" "	1970	1885.00	
5	No Contract	1971	-	
6	A. B. C. Sanitation	1972	215.00	
7	"	1973	547.00	
8	"	1974	80.00	
9				13204.94
10				
11				
12				
13				
14				
15				
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40				

3222 Cherry St.

West Ohio 4/26/11

Prepared By
Approved By

WILSON JONES COMPANY Q7204 GREEN 7204 BUFF

		1	2	3	4
Date	Description - 1972	Month	Check #	Amount	Total
10/9/72	Services Rendered	Sept	8267	130.00	
11/22/72	"	Oct	6653	40.00	
12/12/72	"	Nov	9013	45.00	
					215
	1973				
1/26/73	Services Rendered	Dec	4670	40.00	
2/21/73	"	Jan	5143	40.00	
3/23/73	"	Feb	5439	40.00	
4/30/73	"	Mar	9554	40.00	
5/6/73	"	Apr	9968	40.00	
5/30/73	"	May	10351	40.00	
6/28/73	"	June	999	40.00	
10/24/73	"	Aug		68.00	
10/31/73	"	Sept	2399	40.00	
12/1/73	"	Nov	4977	68.00	
12/20/73	"	Dec	3673	68.00	
					524
	1974				
1/7/74	Services Rendered	Sept	3127	40.00	
1/14/74	"	Oct	3460	40.00	
					80

1970

Riverside Hospital
 SUMMIT & STICKNEY AVENUE
 TOLEDO OHIO 43604
 GENERAL ACCOUNT

JAN 10, 1970 8643
 377.00
 377.00

PAY
 TO THE ORDER OF
 Community Sanitation Service, Inc.
 P. O. Box 8069 Post Place Station
 Toledo, Ohio 43611

Riverside Hospital
 NON NEGOTIABLE

DATE	DESCRIPTION	AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
	380.77					
	376.77		3.77			
					377.00	

Riverside Hospital
 SUMMIT & STICKNEY AVENUE
 TOLEDO OHIO 43604

COMMUNITY SANITATION SERVICE, INC.
 P.O. 8069 Post Place Station Toledo, Ohio 43611 Phone 473-4886

INVOICE AND STATEMENT

TERMS
 Payment is made within 10 days of INVOICE DATE.
 10% DISCOUNT FOR PAYMENT WITHIN 10 DAYS.

Dec. 11, 1969

Riverside Hospital
 1609 Summit St
 Toledo, Ohio 43604

Before Removal Service

Previous Balance Unpaid
 Contract Service For

Dec 1377.00
 Dec 877.00
 8380.77
 380.77

Total Amount Due

1970



RIVERSIDE HOSPITAL
SUNNY & STONEWAY AVE
TOLEDO OHIO 43606

PAY TO THE ORDER OF

DATE Feb 24-70 CHECK NO 385 AMOUNT 377.00

WE ACCEPT PAYMENT BY CHECK
RIVERSIDE HOSPITAL
NONNEGOTIABLE

CHECK NO. 385
DATE FEB 24 1970
AMOUNT \$377.00

Emur

00385
11385

NO. 10
212

DATE	INVOICE NO	INVOICE DATE	AMOUNT	SPECIALLY	TOTAL
			.00	1.31	377.60
					377.00

FROM SERVICE DEPT
LEADING CHECK

THIS CHECK IS SUBJECT TO THE
REVENUE OF RIVERSIDE HOSPITAL

RIVERSIDE HOSPITAL
SUNNY & STONEWAY AVE
TOLEDO OHIO 43606

818
309 '8

RIVERSIDE HOSPITAL
S. M. & STANLEY AVE
TOLEDO OHIO 43604

PAY TO THE ORDER OF

DATE: 12, 70 AMOUNT: 377.00

818

[Signature]

GENERAL & COUNTY
THE CITY OF TOLEDO OHIO

NONNEGOTIABLE

TOLEDO OHIO 43604

14 70	.00	2-24	377.00	377.00
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DATE	INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	TOTAL
12-14-70	818	12-24-70	377.00		377.00

RIVERSIDE HOSPITAL
S. M. & STANLEY AVE
TOLEDO OHIO 43604

COMMUNITY SANITATION SERVICE, INC.
P.O. 2009 Paul Place Station Toledo, Ohio 43611 Phone 472-1166

INVOICE AND STATEMENT

TERMS	DATE
If payment is made within 10 days, pay NET AMOUNT. GROSS AMOUNT must be paid otherwise.	JAN 31 1970

Riverside Hospital
1609 August St.
Toledo, O. 43604

1-31-70

Refuse Removal Service	NET AMOUNT	GROSS AMOUNT
Previous Balance Unpaid		
Contract Service For Jan.	\$377.00	38.77
		360.77

DATE 1-31-70	
REC'D BY	
BILL O.K.	
ACCT.	AMT.
	307
	307

Total Amount Due

Invoice and Statement Feb. 26, 76 Date FEB 26 1976

COMMUNITY SANITATION SERVICE, INC.

P.O. 5369 Port Place Station Cleveland, Ohio 43111 Phone 472-1165

Refuse Removal Service	BILL O.K.	BY	DATE
Previous Balance Unpaid	ACCL.	AMT	
Contract Service For		377.00	
Extra Service For		310.97	
Total Amount Due		687.97	

TERMS: If payment is made within 10 days, the NET AMOUNT. OVER AMOUNT, PAY IN FULL.

Page 100

PM
FEB 26 1976

RIVERVIEW HOSPITAL
1609 Summit St.
Toledo, Ohio 43604



RIVERSIDE HOSPITAL
SUMMIT & STEVENSON AVE
TOLEDO OHIO 43604

PAY TO THE ORDER OF

C1355

RE-14
418

DATE
APR 26, 70

CHECK NO
1355

AMOUNT
377.00

CHECKED BY
GENERAL A. COURT
AND L. J. JONES
TOLEDO OHIO

DEPOSITED IN BANK
RIVERSIDE HOSPITAL

NONNEGOTIABLE

EXPIRES 12/31/70

DATE	RECEIPT NO	INVOICE DATE	AMOUNT	DISCOUNT	TOTAL
			377.00		377.00

7-1112 DETAIL REPORT
11/10/70-12/31/70

RIVERSIDE HOSPITAL
SUMMIT & STEVENSON AVE
TOLEDO OHIO 43604

RIVERSIDE HOSPITAL
 SUMMIT & STICKNEY AVE
 TOLEDO, OHIO 43606

01984

PAY TO THE ORDER OF *Sanitation Service* DATE *1-29-70* CHECK NO. *1984*

Community section

630070

THIS CHECK IS NOT
 NEGOTIABLE AT RIVERSIDE HOSPITAL

NONNEGOTIABLE

GENERAL ACCOUNT
 THE OHIO CITIZENS TRUST CO
 TOLEDO, OHIO

DATE	INVOICE NO.	INVOICE DATE	AMOUNT PAID	AMOUNT DUE	REMARKS
<i>MAY 1-61</i>	<i>Sanne</i>				

RIVERSIDE HOSPITAL
 SUMMIT & STICKNEY AVE
 TOLEDO, OHIO 43606

COMMUNITY SANITATION SERVICE, INC.
P.O. 2009 Paul Place Station Toledo, Ohio 43611 Phone 472-1000

INVOICE AND STATEMENT

TERMS	DATE
If payment is made within 10 days, pay NET AMOUNT. GROSS AMOUNT must be paid thereafter.	APR 21 1970

Riverside Hospital
1609 Summit St.
Toledo, U. 43604

Mar 31 1970

Refuse Removal Service	NET AMOUNT	GROSS AMOUNT
Previous Balance Unpaid		
Contract Service For Mar.	\$377.00	\$380.77

DATE: 3-31-70
REC'D BY: [Signature]
BILL TO: [Signature]
AM: [Signature]
377.00

Total Amount Due

1970

COMMUNITY SANITATION SERVICE, INC.
P.O. 2009 Paul Place Station Toledo, Ohio 43611 Phone 472-1000

INVOICE AND STATEMENT

TERMS	DATE
If payment is made within 10 days, pay NET AMOUNT. GROSS AMOUNT must be paid thereafter.	May 2, 1970 <i>May 9 1970</i>

Riverside Hospital
1609 Summit
Toledo, Ohio 43604

Refuse Removal Service	NET AMOUNT	GROSS AMOUNT
Previous Balance Unpaid		
Contract Service For May 1 - 5	\$377.00	\$380.77
Total Due:	\$377.00	\$380.77

DATE: 5-3-70
REC'D BY: [Signature]
BILL TO: [Signature]
AM: [Signature]
377.00

Total Amount Due

*Elaine? -
has April paid?
If not please include
following
Thanks*

1972



RIVERSIDE HOSPITAL
BURNETT & STICKNEY AVE
TOLEDO OHIO 43604

0E267

PAY TO THE ORDER OF

A.B.C. Sanitation Service
3222 Chase Street
Toledo, Ohio 43611

10-9-72

CHECK NO. 8267

AMOUNT 130.00

GENERAL ACCOUNT
THE OHIO C. & N. TRUST CO
TOLEDO OHIO

THIS CHECK IS DATED
RIVERSIDE HOSPITAL
NONNEGOTIABLE

DATE	9/20/72
RECEIVED BY	Morse
BILL TO	77.711
ACC	77.711
AMT	130.00
Riverside Hospital	
1609 Summit St	
Toledo Ohio	
43611	

A.B.C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

DATE 10/2/72

Payment Line
for picking up
trash for Sept
This is low
much we paid up
for 4 days

Total price \$130.00
Total 66 yards

Mon (12)
Tue AM & PM (12)
Wed. AM (12)
Wed. PM (12)
Thurs AM (12)
Thurs PM (12)



RIVERSIDE HOSPITAL
 6000 E. SPENCER AVE
 TOLEDO OHIO 43606

06653

NO 10
 112

PAY TO THE ORDER OF

A.B.C. Sanitation Service

DATE

CHECK NO

AMOUNT

NOV 22 1972

6653

40.00

VOID AFTER 90 DAYS
 RIVERSIDE HOSPITAL

NONNEGOTIABLE

CHECKS ARE NOT NEGOTIABLE

GENERAL ACCOUNT
 THE OHIO CITIZENS TRUST CO
 TOLEDO OHIO

DATE

OCT 31, 1972

NO

10.30

10.25

40.00

DATE

REVERSE NO

REVERSE DATE

AMOUNT

DISCOUNT

TOTAL

PLEASE PRINT NAME OF PERSON
 ENDORSE CHECK

THIS CHECK IS VOIDED BY THE
 ENDORSEMENT OF RIVERSIDE HOSPITAL



RIVERSIDE HOSPITAL
 6000 E. SPENCER AVE
 TOLEDO OHIO 43606

1972

A. B. C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

Phone (419) 726-6957

10/30/72

Date 11/24/72

Reverside Hospital
1609 Locumet
Toledo Ohio

10/30/72
\$ 68.00
10/30/72 133.80
DP

Aug

40 -

Sept

40 -

Oct

68.00

total 178.00

A. B. C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

Phone (619) 726-6952

10/30/72

Date 10/30/72

Inverness Hospital
1609 Summit
Toledo Ohio
43611

DATE	
REC'D BY	
BILL O	
ACCI.	
533 26	

Sept 24
Oct 24
72

\$40.00

2059

ABC - Garbage Disposal


Start Monday - 9/18/72

Ans Snyder to be here
on Sat - 726-6952

2 or 4 ^{bag} High containers

need 10ft x 10ft space

Had for Billing -
yesterday DP


RIVERSIDE HOSPITAL
 SUMMIT & ST. CINCINNATI AVE
 TOLEDO OHIO 43606

PAY TO THE ORDER OF

DATE 12-14-72 CHECK NO 9013 AMOUNT 45.00

A B C SANITATION SERVICE
 3222 CHASE STREET
 TOLEDO OHIO 43606


GENERAL ACCOUNT
 THE UNION CITIZENS TRUST CO
 TOLEDO OHIO

NONNEGOTIABLE

9013
~~00013~~

DATE	INVOICE NO	INVOICE DATE	AMOUNT	DISCOUNT	TOTAL
NOV 30, 1972	20	11.27	45.00		45.00

PLEASE DETACH BEFORE DEPOSITING CHECK


RIVERSIDE HOSPITAL
 SUMMIT & ST. CINCINNATI AVE
 TOLEDO OHIO 43606

THIS CHECK IS FORWARDED TO YOU FOR DEPOSIT OF YOURS. PLEASE RETURN TO US.

A. B. C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

Phone (419) 726-0932

11/27/72

Date 11/27/72

Riverside Hospital
4009 Summit
Toledo Ohio
43611

2059

DATE	11/26/72
REC'D BY	
BILL TO	Q. M.
ACCT	45.00

Oct 24,

To 7/24/72 40.00

+ 5.00

extra bill


OK - By

CT Williams

Total Due

45.00

1461



Riverside Hospital
 SUMMIT & STICKNEY AVENUE
 TOLEDO OHIO 43604
 GENERAL ACCOUNT

4531

PAY TO THE ORDER OF
 COMMUNITY SANITATION SERVICE, INC.
 P.O. BOX 3090 POINT PLAIN ST.
 TOLEDO, OHIO

DATE
 JAN 30, 1967

AMOUNT
 377.00

Riverside Hospital
NON NEGOTIABLE

THE OHIO CITIZENS TRUST CO
 TOLEDO OHIO

ISSUANCE DATE	REFERENCE	DEPOSIT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	
						<i>Guar</i>

PLEASE DETACH BEFORE
 DEPOSITING CHECK

Riverside Hospital

THIS CHECK IS VALID ONLY IF
 DEPOSITED IN FULL

COMMUNITY SANITATION SERVICE

Previous Balance	
Current Service For	
Extra Service For	
Total Amount Due	377.00

Riverside Hospital

4887

BRADLEY & SYDNEY AVENUE
TOLEDO, OHIO 43606
GENERAL ACCOUNT

DATE

377.00

Feb 28, 1969

PAY

TO THE ORDER OF

Community Sanitation Service, Inc.
P.O. 5069 Point Place Station
Toledo, Ohio 43611

VOID IF NOT CASHED WITHIN 90 DAYS

Riverside Hospital

NON NEGOTIABLE

THE OHIO CITIZENS TRUST CO
TOLEDO, OHIO

INVOICE DATE	REFERENCE	DEBIT AMOUNT	CREDIT AMOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	
						<i>Given</i>

PLEASE DETACH BOTTOM
RECORDING COUPON

Riverside Hospital

BRADLEY & SYDNEY AVENUE
TOLEDO, OHIO 43606

THIS CHECK IS TENDERED IN FULL
PAYMENT OF INVOICE # 4887

COMMUNITY SANITATION SERVICE, INC.

TOLEDO, OHIO 43611 PHONE 472-1100

NO. 1-5777

DATE	2/28/69	AMOUNT	377.00	PAID	377.00
TO	Community Sanitation Service, Inc.	BY	Community Sanitation Service, Inc.	DATE	2/28/69
FOR	Sanitation Service	AMOUNT	377.00	PAID	377.00
DATE	2/28/69	AMOUNT	377.00	PAID	377.00

THIS CHECK IS TENDERED IN FULL PAYMENT OF INVOICE # 4887

Riverside Hospital

5668

SUNNY & STICKNEY AVENUE
TOLEDO OHIO 43604
GENERAL ACCOUNT

4811 W

377.00

PAY

APR. 21, 1969

TO THE ORDER OF

Community Sanitation Service, Inc.
P.O. 5069 Point Place Ste.
Toledo, Ohio 43611

GOOD IF NOT CASHED IN 90 DAYS

Riverside Hospital

NON NEGOTIABLE

THE OHIO C.T. TRUST CO
TOLEDO OHIO

REFERENCE DATE	REFERENCE	AMOUNT PAID	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	

PLEASE DETACH BEFORE
DEPOSITING CHECK

Riverside Hospital

SUNNY & STICKNEY AVENUE
TOLEDO OHIO 43604

THIS CHECK IS VALID IN FULL
PAYMENT OF INVOICES LISTED ABOVE

COMMUNITY SANITATION SERVICE, INC.			
P.O. 5069 Point Place	TOLEDO, OHIO 43611	Phone 472-1148	
Balance Forward	377.00		
Previous Balance	377.00		
Current Service For	14.53	37.00	377.00
Less Service For			
Total Amount Due	377.00		377.00

Riverside Hospital

5984

BRADLEY & BRICKLEY AVENUE
TOLEDO OHIO 43604
GENERAL ACCOUNT

DATE

377.00

MAY 21, 1969

PAY

TO THE ORDER OF

COMMUNITY SANITATION SERVICE, INC.
P. O. 5090
POINT PLAGE STATION
TOLEDO, OHIO

THIS IS NOT CASHED WITHIN 60 DAYS

Riverside Hospital

THE OHIO CITIZENS TRUST CO
TOLEDO OHIO

NON NEGOTIABLE

INVOICE DATE	REFERENCE	GROSS AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	

Pay

Riverside Hospital

BRADLEY & BRICKLEY AVENUE
TOLEDO, OHIO 43604

THIS CHECK IS VALID ONLY IN FULL PAYMENT OF INVOICES LISTED ABOVE

COMMUNITY SANITATION SERVICE

2000 Main Place South, Toledo, Ohio

Refuse Removal Service

Previous Balance Unpaid

Current Service Fee

Land Service Fee

Land Service Fee

Land Service Fee

Land Service Fee

Land Service Fee

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Land Service Fee

Riverside Hospital

6309

SUMMIT & STICKNEY AVENUE
TOLEDO, OHIO 43604
GENERAL ACCOUNT

3210 00 377 00

JUN 10, 1964

PAY

TO THE ORDER OF

Community Sanitation Service, Inc.
P. O. 8000
Palm Place Station
Toledo, Ohio 43611

THE OHIO CREDIT TRUST CO
TOLEDO, OHIO

NOT CASHED WITHIN 90 DAYS

Riverside Hospital

NON NEGOTIABLE

DATE	REFERENCE	AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	

Em

PLEASE DETACH BEFORE
DEPOSITING CHECK

Riverside Hospital

SUMMIT & STICKNEY AVENUE
TOLEDO, OHIO 43604

THIS CHECK IS TENDERED IN FULL
PAYMENT OF INVOICES DATED 6/10/64

COMMUNITY SANITATION SERVICE, INC.

P.O. 8000 Palm Place Station Toledo, Ohio 43611 Phone 472-1166

Balance Forward	3210 00		
Previous Balance	3210 00		
Current Service	377 00		
Other Service For			
Total Amount Due	3587 00	3587 00	

Amount of Payment \$ 3587 00

NEW ACCOUNT, CHECK THIS BOX, AND DO NOT SIGN

Riverside Hospital 6934

BLANCK & STICKNEY AVENUE
TOLEDO, OHIO 43604
GENERAL ACCOUNT

PAY TO THE ORDER OF
Community Sanitation Service, Inc.
3649 Point Place Station
Toledo, Ohio 43611

AC2220 377.00
AUG 22, 1964

THIS IS NOT CASHED WITHIN 60 DAYS

Riverside Hospital
NON NEGOTIABLE

THE OHIO CITIZENS TRUST CO
TOLEDO, OHIO

INVOICE DATE	REFERENCE	DEBIT AMOUNT	CREDIT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	

Riverside Hospital

BLANCK & STICKNEY AVENUE
TOLEDO, OHIO 43604

THIS CHECK IS RETURNED IN FULL
PAYMENT OF INVOICES LISTED ABOVE

COMMUNITY SANITATION SERVICE, INC.

TOLEDO, OHIO 43611 PHONE 472-1168

INVOICE NO. 1000

DATE 8/22/64

TO: Riverside Hospital

FROM: Community Sanitation Service, Inc.

AMOUNT DUE 377.00

PAID 377.00

DATE PAID 8/22/64

BY: [Signature]

Riverside Hospital

8000 E. GUYTON AVENUE
TOLEDO, OHIO 43604
GENERAL ACCOUNT

7145

DATE August 26, 1969 AMOUNT \$377.00

August 26 1969

PAY

TO THE ORDER OF

Community Sanitation
5000 Point Place Station
Toledo, Ohio

AND IF NOT CASHED WITHIN 90 DAYS

Riverside Hospital

NON NEGOTIABLE

THE OHIO CITIZENS TRUST CO
TOLEDO, OHIO

DATE	REFERENCE	DEBIT	CREDIT	PREVIOUS BALANCE	BALANCE	REMARKS
					\$377.00	for Sept. 1968 payment # 8170

PLEASE RETURN TO ORDER
DEPOSITING CHECK

Riverside Hospital

8000 E. GUYTON AVENUE
TOLEDO, OHIO 43604

THIS CHECK IS ENDORSED IN FULL
PAYMENT OF INVOICES LISTED ABOVE

*Community Sanitation
5000 Point Place Station
Toledo, Ohio
Paid in 377.00 for Sept. 1968
payment
for invoice # 8170*

Riverside Hospital

7380

GENERAL ACCOUNT

DATE: 2770.00

Sept. 30, 1969

PAY

Community Sanitation Service, Inc.
P. O. 5000
Point Stue Station
Tulsa, Okla 74103

THIS IS NOT CASHED WITHIN 60 DAYS

Riverside Hospital

THE OKLA CITIZENS TRUST CO.
TULSA, OKLA

NON NEGOTIABLE

DATE	REFERENCE	DEBIT	CREDIT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	

PLEASE DETACH BEFORE
DEPOSITING CHECK

Riverside Hospital

1000 W. STEVENSON AVENUE

TULSA, OKLA 74103

THIS CHECK IS TENDERED IN FULL
PAYMENT OF INVOICES LISTED ABOVE

COMMUNITY SANITATION SERVICE, INC.
P.O. 5000
POINT STUE STATION
TULSA, OKLA 74103

DATE: 9-30-69

AMOUNT: 377.00

PREVIOUS BALANCE: 0.00

CURRENT SERVICE: 377.00

TOTAL: 377.00

PLEASE DETACH BEFORE
REDEPOSITING CHECK

 **Riverside Hospital**
BURNHAM & STICKNEY AVENUE
MILWAUKEE, WIS. 53211
TEL. 462-1100

THIS CHECK IS TENDERED IN FULL
PAYMENT OF INVOICED LISTED ABOVE

CITY EXAMINATION SERVICE, INC.		DATE	
Please Print Name, Street, Telephone, City, State		NAME	
Refuse Referral Service		NO	
Previous Referrals Unpaid	Aug.	777	777
Current Service For	Sept.	777	777
Refuse Service For			
Total Amount Due		777	777

Sept.
30,
1969

Riverside Hospital

1000 E. WICKERY AVENUE
TOLEDO, OHIO 43604

GENERAL ACCOUNT

8122

NOV 21 1969

377.00

PAY

Community Sanitation Service, Inc.

P. O. Box 3089

Water Works Station

Toledo, Ohio 43611

VOID IF NOT CASHED WITHIN 90 DAYS

Riverside Hospital

NON NEGOTIABLE

DATE	REFERENCE	DEBIT	CREDIT	PREVIOUS BALANCE	BALANCE	REMARKS
		377.00			377.00	
						<i>E. J. [unclear]</i>

PLEASE DETACH BEFORE
DEPOSITING CHECK

Riverside Hospital

THIS CHECK IS VOIDED IN FULL
PAYMENT OF INVOICES LISTED ABOVE

RIVERSIDE HOSPITAL		PAYMENT	
DATE	AMOUNT	CHECK	CASH
Oct.	377.00	377.00	

OCT.
31, 1969.

Riverside Hospital

GENERAL ACCOUNT

PAY

Community Station Service, Inc.
P. O. Box 240, Palm Beach Station
Baldwin, Ohio 43101

THE KING CITIZENS TRUST CO
BALDWIN, OHIO

Dec. 10, 1969

VOID IF NOT CASHED WITHIN 30 DAYS

Riverside Hospital

NON NEGOTIABLE

INVOICE DATE	REFERENCE	GROSS AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
		380.77	3.77		377.00	
<i>Eide</i>						

PLEASE DETACH BEFORE
REDEEMING CHECK

Riverside Hospital

1000 S. GARDEN AVENUE
BALDWIN, OHIO 43100

THIS CHECK IS TENDERED IN FULL
PAYMENT OF INVOICES LISTED ABOVE

Riverside Hospital
1000 S. GARDEN AVENUE, BALDWIN, OHIO 43100
Phone 473-1160

Before Renewal Service

Previous Balance Unpaid			
Current Service For	Nov.	377.00	300.77
Extra Service For			
Total Amount Due			

Nov.
30, 1969



RIVERSIDE HOSPITAL
SUNSHINE & ST CROSET AVE
TOLEDO OHIO 43604

04870

10-10
412

DATE CHECK NO AMOUNT

1-26-73 46 76 40.00
40.70 40.00

PAID AFTER 10 DAYS
RIVERSIDE HOSPITAL

NONNEGOTIABLE

UNRECEIVED RETURN

1973

A.B.C. SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611

GENERAL ACCOUNT
OHIO CITIZENS TRUST CO
TOLEDO OHIO

DATE	INVOICE NO.	ISSUED DATE	AMOUNT	DEBITED	TOTAL
Dec 29 72	00	102	40.00		40.00

PAID AFTER 10 DAYS
UNRECEIVED RETURN

THIS CHECK IS GUARANTEED TO FULL
PAYMENT OF UNPAID BILLS



RIVERSIDE HOSPITAL
SUNSHINE & ST CROSET AVE
TOLEDO OHIO 43604

INVOICE NO. 66 1-31 46.00
 77

DATE	INVOICE NO.	SERVICE DATE	AMOUNT	DISCOUNT	TOTAL
PLEASE DETACH BEFORE DEPOSITING CHECK					

RIVERSIDE HOSPITAL
 SUMMIT & STICKNEY AVE
 TOLEDO, OHIO 43604

A. B. C. Sanitation Service

3222 Chase Street
 Toledo, Ohio 43611

Phone (419) 726-6952

1/31/73

Date 1/31/73

Riverside Hospital
 1609 Summit
 Toledo, Ohio
 2080

DATE	1-31-73
REC'D BY	Miss
BILL O.K.	974 400
ACCT.	AMT.
133.80	46.00

Jan 40.00
PAID

Phone 4191 726 6952
A. B. C. Sanitation Service
 3222 Chase Street
 Toledo, Ohio 43611
 RECEIVED IN PURCHASING
 DATE 1-5-73
 Date 1/2/73

Riverside Hospital
 1609 Summit St
 Toledo Ohio
 43611

2059

DATE 12/31/72	
REC'D BY	
BILL TO	AMT.
ACCT.	
333.80	40.00

2 cc

40.00



RIVERSIDE HOSPITAL
 SUMMIT & ST. PETER AVE
 TOLEDO OHIO 43604

05143

PAY TO THE ORDER OF

DATE CHECK NO. AMOUNT

A B C SANITATION SERVICE
 3222 CHASE ST
 TOLEDO OHIO 43611

2/21/73 5143 140.00
 2/21/73 5143 500.00

NONNEGOTIABLE

DATE	INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	TOTAL
Apr 12, 73	60	3 01	40.00		40.00

PLEASE PAY BEFORE DEPOSITING CHECKS

THIS CHECK IS TENDERED IN FULL PAYMENT OF INVOICES LISTED ABOVE

RIVERSIDE HOSPITAL
SUMMIT & ST. CANTY AVE
TOLEDO OHIO 43604

A. B. C. Sanitation Service
1222 Chase Street
Toledo, Ohio 43611
Phone (419) 726-4932

Date 3/11/73

Riverside Hospital
1609 Summit St
Toledo Ohio
43611

3rd Man

DATE	3/11/73
RECEIVED BY	
REMARKS	721711
AMT.	40.00
235.80	40.00
	80.00

102

I

D

RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO OHIO 43604

05439

98 14
213

THE ORDER OF

DATE CHECK NO. AMOUNT

3-23-73

5431

140.00

TO SANITARY DEPT
TO CHASE TRUST
TO EATON BATH

GENERAL ACCOUNT
CITIZENS TRUST CO
TOLEDO OHIO

100% AFTER 10 DAYS
RIVERSIDE HOSPITAL

NONNEGOTIABLE

ADVISE THE DEPARTMENT

DATE	INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	TOTAL
1eb 25,73	20	2.22	40.20		76.00

PLEASE DETACH DETACH
REMOVING CHECK

RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO, OHIO 43604

A. B. C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

Phone (419) 726-6952

Date 2/22/73

Riverside Hospital
1607 Summit St.
Toledo, Ohio 43611

DATE	2-27-73
REC'D BY	
BILL TO	J. M. 721
ACCT.	AMT.
150.00	76.00

102

Payment for Jan
for
40.00
32.00



RIVERSIDE HOSPITAL
SUMMIT & STATE STS.
TOLEDO OHIO 43611

09554

PAY TO THE ORDER OF

DATE CHECK NO. AMOUNT

A. B. C. SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611
GENERAL ACCOUNT
THE OHIO CITIZENS TRUST CO
TOLEDO, OHIO

4-30-73 9554 140.00

NONNEGOTIABLE



RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO OHIO 43604

PAY TO THE ORDER OF

A B C SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611

GENERAL ACCOUNT
THE OHIO CITIZENS TRUST CO
TOLEDO, OHIO

DATE

ACCT NO

AMOUNT

5-24-73

9968

40.00

5-26-73

VOID AFTER 90 DAYS
RIVERSIDE HOSPITAL

NONNEGOTIABLE

EXPIRES 12/31/73

09968
00368

APR 73	40	62	40.00	40.00
APR 73	60	462	40.00	40.00
20,73				
DATE	INVOICE NO	INVOICE DATE	AMOUNT	PAID
RIVERSIDE HOSPITAL SUMMIT & STICKNEY AVE TOLEDO, OHIO 43604				

A. B. C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

Phone (419) 726-6952

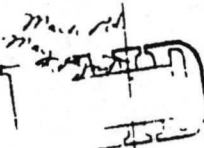
Date 4/2/73

Date 4/13/73

Riverside Hospital
1609 Summit
Toledo Ohio
43611

L 102

DATE	4-2-73
REC'D BY	
BILL O.K.	7-4-73
ACC	AMT.
250.00	40.00



40.00



RIVERSIDE HOSPITAL

SUMMIT & STICKNEY AVE
TOLEDO OHIO 43604

PAY TO THE ORDER OF

DATE

CHECK NO

AMOUNT

A B C SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611

GENERAL ACCOUNT
THE OHIO CITIZENS TRUST CO.
TOLEDO, OHIO

5-30-73
5-32-73

10351
10351

140.00
\$40.00

PAID AFTER 10 DAYS
RIVERSIDE HOSPITAL

NONNEGOTIABLE

RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO OHIO 43606

0999

TO THE ORDER OF

DATE

THE PAYEE'S NAME

A B C SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611

8-28-73

9.99

40.00

8-28-73

9.99

40.00

YOU MAY CASH THIS CHECK AT ANY
RIVERSIDE HOSPITAL

NONNEGOTIABLE

GENERAL ACCOUNT
WELLS FARGO TRUST CO
TOLEDO, OHIO

DATE	7/19	73	6.12	40.00	10.00
AMOUNT PAID					
DATE	8-28-73				
AMOUNT PAID					
DATE					
AMOUNT PAID					

PLEASE PRINT NAME OF PAYEE
RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO, OHIO 43606

81-61-1

DATE	INVOICE NO	PAID	AMOUNT
PLEASE DETACH BEFORE DEPOSITING CHECK			

RIVERSIDE HOSPITAL
 SUMMIT & STONEWAY AVE
 TOLEDO OHIO 43606

A. B. C. Sanitation Service Phone (419) 726-4952

3222 Chase Street
 Toledo, Ohio 43611

10/24/73

10/24/73

DATE	10/24/73	3222 Chase Street
REC'D BY	J.H. (red)	toledo, Ohio 43611
BILL C.N.	J.H. (red)	
ACCT.		
133.70	68.00	

Riverside Hospital
 Snyder
 Summit
 Toledo Ohio
 43611

Mr. Snyder
 20 to the Volume of
 rubbish, we used.
 pick up 2x a wk.
 now we pick up 2x per
 wk we think 68.00
 Per ms is out of line
 14/23/73
 total 148.00

A. B. C. Sanitation Service

3222 Chase Street
Toledo, Ohio 43611

Phone (419) 726-6952

6/12/72

Date 6/12/72

Riverside Hospital
1609 Summit
Toledo Ohio
43611

102

DATE 6-15-72	
REC'D BY	
BILL O.K. 7/1/72	
ACCT.	AMT.
255.50	40.00

June 40.00



RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO OHIO 43604

2399

PAY TO THE ORDER OF

DATE CHECK NO. AMOUNT

A B C SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611

10-31-72 2399 140.00
10-31-72 2399 240.00

GENERAL ACCOUNT
THE OHIO CITIZENS TRUST CO
TOLEDO OHIO

THIS CHECK IS PAID TO
RIVERSIDE HOSPITAL

NONNEGOTIABLE

Form 9 10/72

CHECK AUTHORIZATION
RIVERSIDE HOSPITAL

		Charge Account	Date
		850.70	12-10-73
Payable To	A.B.C. Sanitation 3222 Chase Street Toledo, Ohio 43611		\$
For	November Services		\$48.00

Requested By	Approved
Mary Eckel	Mark Vanduser 1/2

PAID

Check No. & Date

A.B.C. Sanitation Service
3222 Chase Street
Toledo, Ohio 43611
Phone (419) 726-6953

DATE 11-30-73
REC'D BY
BILL Q.R. 72-22
AMT. 850.70
AMT. 48.00

Date 11/27/73

Riverside Hospital
1609 Summit
Toledo, Ohio

Jan	40
Sept	40
Oct	68
Nov	68
\$216.00	



RIVERSIDE HOSPITAL
 SUMMIT & STICKNEY AVE
 TOLEDO OHIO 43604

PAY TO THE ORDER OF

4977

admitted 12-10-72

AMOUNT

12-10-72 4977 368.00
 12-10-72 4977 \$68.00

BY AFTER 5 DAYS
 RIVERSIDE HOSPITAL

NONNEGOTIABLE

A.B.C. Sanitation
 5222 Chase Street
 Toledo, Ohio
 THE OHIO CITIZENS TRUST CO
 TOLEDO, OHIO

43611

850.7-

86

00.00

November Service

November Services

1978 11-01-81

DATE	INVOICE NO	INVOICE DATE	AMOUNT	TOTAL

PAYEE'S CHECK
 DEPOSITING SLIP



RIVERSIDE HOSPITAL
 SUMMIT & STICKNEY AVE
 TOLEDO OHIO 43604



RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO OHIO 43611

3693

PAY TO THE ORDER OF

A & C SANITATION SERVICE
3222 CHASE STREET
TOLEDO OHIO 43611

GENERAL ACCOUNT
AT THE CHASE TRUST CO
TOLEDO OHIO

12-24-73 3693 \$68.00
12-24-73

RIVERSIDE HOSPITAL

NONNEGOTIABLE

12-24-73

DATE	INVOICE NO	INVOICE DATE	AMOUNT	DUE DATE	TOTAL
12-24-73	3693	12-24-73	68.00		68.00

RIVERSIDE HOSPITAL
SUMMIT & STICKNEY AVE
TOLEDO OHIO 43611